

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14434

State File No.

FILED APR 26 1957

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3304

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3304	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 2741 A. Gamble Street			
3. NAME OF DECEASED (Type or Print) a. (First) Hagey		b. (Middle) _____		c. (Last) Bailey		4. DATE OF DEATH (Month) 4 (Day) 2 (Year) 1957	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 1-2-1891	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 3 Days 0		IF UNDER 24 HRS. Hours 0 Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundryman		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Troy, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Truman Bailey		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geraldine Bonner 3118 A. Easton Avenue			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the development of the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION No cutting over, about 100 am., April 2 1957.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo		21f. HOW DID INJURY OCCUR? E982+	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 2 57 1957		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 150A m., from the causes and on the date stated above.							
23a. SIGNATURE James M Kelly (Deputy Registrar)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4-5-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-10-57		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. APR 5 '57		REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard St.			

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Fulton E. Culler*.....

Licensed Embalmer No. *4198*.....

P. O. Address *Shawnee*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.